

Date of Examination: _____ Time From: _____ AM/PM To: _____ AM/PM

Section/Area: _____ Reported Outside? Yes ____ No ____ Time: _____ AM/PM

Reported By: _____ Received By: _____ (INITIAL)
(AUTHORIZED PERSON)**Preshift required within 3 hours prior to any 8 hour interval.**

Location	Hazardous Condition	Action Taken

Air Measurements

Location	CFM	Location	CFM

Air Velocities

Longwall Headgate : _____

Longwall Tailgate: _____

Remarks:

Signed by Preshift Certified Examiner_____
Date_____
Certification Number_____
Countersigned by Mine Foreman_____
Date_____
Certification Number_____
Countersigned by Operator/Agent_____
Date_____
Certification Number**THIS RECORD TO BE MAINTAINED FOR ONE (1) YEAR**